



Complete Summary

GUIDELINE TITLE

Guideline on acquired temporomandibular disorders in infants, children, and adolescents.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatric Dentistry (AAPD). Guideline on acquired temporomandibular disorders in infants, children, and adolescents. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2006. 3 p. [32 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Temporomandibular disorders

GUIDELINE CATEGORY

Evaluation
Screening
Treatment

CLINICAL SPECIALTY

Dentistry
Pediatrics

INTENDED USERS

Dentists
Physicians

GUIDELINE OBJECTIVE(S)

To assist the practitioner in the recognition and diagnosis of temporomandibular disorders (TMD) and to identify possible treatment options

Note: It is beyond the scope of this document to recommend the use of specific treatment modalities.

TARGET POPULATION

Infants, children, and adolescents undergoing routine dental history and examinations and those with temporomandibular disorders

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Screening

1. Temporomandibular joint (TMJ) history and assessment as a part of comprehensive dental history and examination
2. Palpation of masticatory and associated muscles and the TMJs
3. Documentation of joint sounds
4. Occlusal analysis
5. Assessment of range of mandibular movements
6. Joint imaging

Treatment

1. Reversible therapies, including patient education, physical therapy, behavioral therapy, medications, and occlusal splints
2. Avoidance of irreversible therapies, including occlusal adjustments, mandibular repositioning, and orthodontics
3. Referral to a specialist

MAJOR OUTCOMES CONSIDERED

- Accurate diagnosis of temporomandibular disorders (TMD)
- TMD symptoms

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

This revision is based upon a review of current dental and medical literature related to temporomandibular disorders in children and adolescents. A MEDLINE search was conducted using the terms "temporomandibular disorder," "adolescent," and "children".

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The oral health policies and clinical guidelines of the American Academy of Pediatric Dentistry (AAPD) are developed under the direction of the Board of Trustees, utilizing the resources and expertise of its membership operating through the Council on Clinical Affairs (CCA).

Proposals to develop or modify policies and guidelines may originate from 4 sources:

1. The officers or trustees acting at any meeting of the Board of Trustees
2. A council, committee, or task force in its report to the Board of Trustees
3. Any member of the AAPD acting through the Reference Committee hearing of the General Assembly at the Annual Session
4. Officers, trustees, council and committee chairs, or other participants at the AAPD's Annual Strategic Planning Session.

Regardless of the source, proposals are considered carefully, and those deemed sufficiently meritorious by a majority vote of the Board of Trustees are referred to the CCA for development or review/revision.

Once a charge (directive from the Board of Trustees) for development or review/revision of an oral health policy or clinical guideline is sent to the CCA, it is assigned to 1 or more members of the CCA for completion. CCA members are instructed to follow the specified format for a policy or guideline. All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field. Members may call upon any expert as a consultant to the council to provide expert opinion. The Council on Scientific Affairs provides input as to the scientific validity of a policy or guideline.

The CCA meets on an interim basis (midwinter) to discuss proposed oral health policies and clinical guidelines. Each new or reviewed/revised policy and guideline is reviewed, discussed, and confirmed by the entire council.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once developed by the Council on Clinical Affairs (CCA), the proposed policy or guideline is submitted for the consideration of the Board of Trustees. While the board may request revision, in which case it is returned to the council for modification, once accepted by majority vote of the board, it is referred for Reference Committee hearing at the upcoming Annual Session. At the Reference Committee hearing, the membership may provide comment or suggestion for alteration of the document before presentation to the General Assembly. The final document then is presented for ratification by a majority vote of the membership present and voting at the General Assembly. If accepted by the General Assembly, either as proposed or as amended by that body, the document then becomes the official American Academy of Pediatric Dentistry (AAPD) oral health policy or clinical guideline for publication in the AAPD's Reference Manual and on the AAPD's Web site.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Every comprehensive dental history and examination should include a temporomandibular joint (TMJ) history and assessment. The history should include questions concerning the presence of head and neck pain and mandibular dysfunction, previous orofacial trauma, and history of present illness with an account of current symptoms. In the presence of a positive history and/or signs and symptoms of temporomandibular disorders (TMD), the examination should include palpation of masticatory and associated muscles and the TMJ's, documentation of joint sounds, occlusal analysis, and assessment of range of mandibular movements including maximum opening, protrusion, and lateral excursions.

Joint imaging is indicated on a selected basis for joint sounds in the absence of other TMD signs and symptoms. For example, the presence of crepitus may indicate degenerative change that is not yet painful.

Therapeutic modalities to prevent TMD in the pediatric population are yet to be supported by controlled studies. For children and adolescents with signs and symptoms of TMD, reversible therapies should be considered. Because of inadequate data regarding their usefulness, irreversible therapies should be avoided (Koh & Robinson, 2003).

Referral to a medical specialist may be indicated when otitis media, allergies, abnormal posture, airway congestion, rheumatoid arthritis, or other medical conditions are suspected.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated for each recommendation. In general, all oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate recognition and diagnosis of temporomandibular disorders, including identification of possible treatment options

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006

GUIDELINE DEVELOPER(S)

American Academy of Pediatric Dentistry - Professional Association

SOURCE(S) OF FUNDING

American Academy of Pediatric Dentistry

GUIDELINE COMMITTEE

Council on Clinical Affairs

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Council members are asked to identify potential conflicts of interest; none was disclosed.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatric Dentistry Web site](#).

Print copies: Available from the American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1700, Chicago, Illinois 60611

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Overview. American Academy of Pediatric Dentistry 2007-08 definitions, oral health policies, and clinical guidelines. Available in Portable Document Format (PDF) from the [American Academy of Pediatric Dentistry Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on August 7, 2007. The information was verified by the guideline developer on August 23, 2007.

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